

SDI - ULTRASOUND

Dr. Steed Dr. Walters Dr. Lyons

2133 - 36 Street NE - Calgary T1Y 5S3

P. 403. 568. 7676

F. 403. 568. 7677

www.SDIultrasound.com

Urgent & Routine Ultrasound Bookings Available

PATIENT INFORMATION:

*Patient instructions are located on the back of this document

Name: _____ Male Female Phone: _____
Address: _____ Date of Birth: _____
City: _____ Province: _____ Postal Code: _____ **AHC:** _____
WCB: _____

GENERAL

- Pelvis +/- EV
 - IUD Location
 - Kidneys
- Abdomen
 - Pelvis +/- EV
 - Bladder - pre-post
 - Appendix
 - Bowel
- Kidneys Bladder - pre-post
- LIVER / Abdomen
 - HCC Screening
 - Transplant
 - TIPS
- Hernia
 - Groin R L
 - Abdominal wall
 - Umbilical
- Testicular
- Thyroid
- Neck - nodes, mass, salivary
- Breast / axilla R L

PREGNANCY

- Dating/Viability
- Detailed 18 - 20 weeks
- BPP > 25 weeks
- Cervix length +/- EV
- Fetal position only
- Ectopic

VASCULAR

- Leg Veins R L
 - DVT same day
 - INSUFFICIENCY
- Leg Arteries, Aorta, iliacs R L
- Arm Vein DVT same day R L
- Arm Arteries R L
- Thoracic Outlet Impingement R L
- Carotid R L
- Renal Arteries
- Aorta - iliacs

MSK

- Shoulder R L Injection / Aspiration
- Elbow R L Injection / Aspiration
- Wrist R L Injection / Aspiration
- Hand R L Injection / Aspiration
- Hip R L Injection / Aspiration
- Knee R L Injection / Aspiration
- Ankle R L Injection / Aspiration
- Foot R L Injection / Aspiration
- Mass / Other _____

FNA

- Thyroid
- Lymph node
- Other _____

APPOINTMENT DATE / TIME:

OTHER: _____

HISTORY / DIAGNOSIS:

Obstetrical exams please include: EDC: _____ LMP: _____ PREVIOUS U/S: _____

REFERRING PHYSICIAN:

Name: _____
CC: _____ FAX: _____

STAT REPORT Phone: _____
Fax: _____

FOR OFFICE USE ONLY:

- SDI PREVIOUS
- O/S PREVIOUS

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PATIENT INSTRUCTIONS

1. Please bring this document with you to the exam.
2. Please bring your valid Health Care Card.
3. Please arrive earlier than your scheduled exam time.
4. Please do not bring children requiring supervision to the exam.
- Child care is NOT provided.

NOTE:

Cancellation or Rebooking appointments - Please call our office.

Follow Exam Preparations:

- You may be rebooked if you don't correctly follow the exam preparation procedure.

EXAM PREPARATION:

BLADDER ONLY, PELVIC, OR PREGNANCY (less than 25 wks) ULTRASOUND

Empty bladder 1.5 hrs prior to your exam. Begin filling your bladder immediately after voiding by drinking 3-4 (8 ounce) glasses of water/juice and be finished drinking the fluids by 1 hour prior to your exam time. Do not smoke for at least 2 hours prior to the exam. You may eat normally prior to the exam. Do not empty your bladder until after the exam is completed. This exam requires a comfortable but FULL bladder. The optimal time for a pelvic ultrasound is 6-8 days from the first day of your menstrual cycle. This does not apply to urgent/emergent, post-menopausal or pregnant patients.

PREGNANCY (greater than 25 wks) /BIOPHYSICAL PROFILE ULTRASOUND

Empty bladder 1.5 hrs prior to your exam. Begin filling your bladder immediately after voiding by drinking 2 (8 ounce) glasses of water/juice and be finished drinking the fluids by 1 hour prior to your exam time. Do not smoke for at least 2 hours prior to the exam. You may eat normally prior to the exam. Do not empty your bladder until after the exam is completed. This exam requires a comfortable but FULL bladder. If you are greater than 34 weeks, a full bladder is not necessary.

ABDOMEN ULTRASOUND

Do not eat, drink, smoke, or chew gum for 8 hours prior to your appointment. If you must take medication, please do so with a small amount of water only.

COMBINATION ABDOMEN AND PELVIS ULTRASOUND

Do not eat, drink, smoke, or chew gum for 8 hours prior to your appointment. Empty bladder 1.5 hrs prior to your exam. Begin filling your bladder immediately after voiding by drinking 3-4 (8 ounce) glasses of water only and be finished drinking the water by 1 hour prior to your exam time. Do not empty your bladder until after the exam is completed. This exam requires a comfortable but FULL bladder.

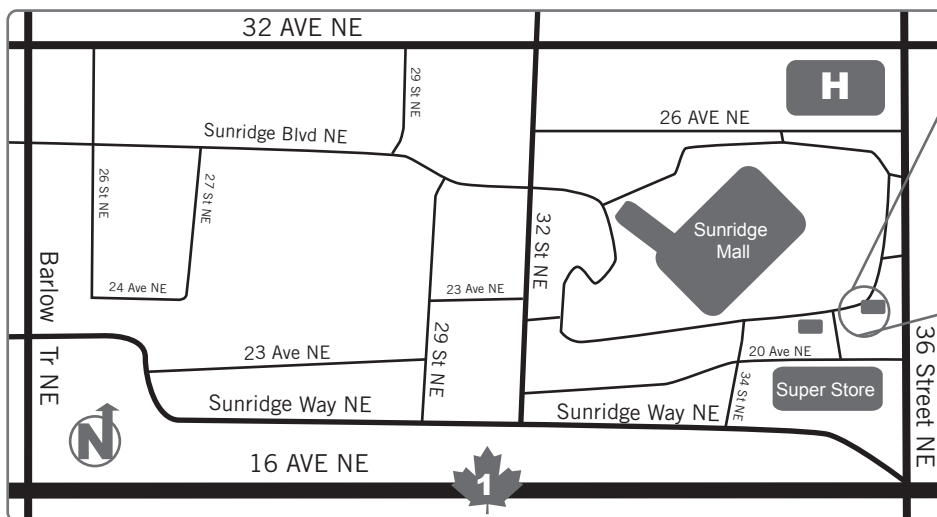
KIDNEYS AND BLADDER

Do not eat, drink, smoke, or chew gum for 8 hours prior to your appointment. Empty bladder 1.5 hrs prior to your exam. Begin filling your bladder immediately after voiding by drinking 3-4 (8 ounce) glasses of water only and be finished drinking the water by 1 hour prior to your exam time. Do not empty your bladder until after the exam is completed. This exam requires a comfortable but FULL bladder.

ALL OTHER ULTRASOUND EXAMS

No preparation required.

LOCATION: 2311 - 36 Street NE Calgary, AB T1Y 5S3



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**2133 - 36 Street NE
Calgary, AB T1Y 5S3**

Located in the SE corner of the Sunridge Mall parking lot, near Tim Hortons and AMA.